

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

ADDRESS (number and street)

665 N BROAD STREET

3RD FLOOR

☐Check if different  
than previously  
reported. (ACC)

PHILADELPHIA

PA

19123

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00253294

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES HARPER SR

Signature of Treasurer

Electronically Filed by JAMES HARPER SR

Date

07

23

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		389960.80
(b) Cash on Hand at Beginning of Reporting Period .....	389960.80	
(c) Total Receipts (from Line 19) .....	605566.23	605566.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	995527.03	995527.03
7. Total Disbursements (from Line 31) .....	702232.38	702232.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	293294.65	293294.65
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	0	3	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	593628.58	593628.58
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	593628.58	593628.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	593628.58	593628.58
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	11937.65	11937.65
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	605566.23	605566.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	605566.23	605566.23

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	75602.38	75602.38	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	75602.38	75602.38	
22. Transfers to Affiliated/Other Party Committees.....	37500.00	37500.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	584130.00	584130.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	702232.38	702232.38	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	702232.38	702232.38	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	593628.58	593628.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	593628.58	593628.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	75602.38	75602.38
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	11937.65	11937.65
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	63664.73	63664.73

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

**A.**

Full Name (Last, First, Middle Initial)

CONTRIBUTIONS UNITEMIZED

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

593628.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA11AI.5449

Amount of Each Receipt this Period

593628.58

UNITEMIZED CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional) .....

593628.58

TOTAL This Period (last page this line number only) .....

593628.58

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.5449**

ALL CONTRIBUTIONS ARE UNITEMIZED

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 58

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

**A.**

Full Name (Last, First, Middle Initial)

LECET

Mailing Address 319 N. 11TH STREET

City

PHILADELPHIA

State

PA

Zip Code

19107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11566.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: SA15.5452

Amount of Each Receipt this Period

11566.24

REIMBURSEMENT - JANITORIAL  
WAGES & BENEFITS**B.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 8585

City

PHILADELPHIA

State

PA

Zip Code

19173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	0	9

Transaction ID: SA15.5450

Amount of Each Receipt this Period

221.41

REFUND - TELEPHONE EXPENSE

SUBTOTAL of Receipts This Page (optional) .....

11787.65

TOTAL This Period (last page this line number only) .....

11787.65



A. Form/Schedule : **SA15**

REIMBURSES EXPENSE FOR SALARY AND BENEFITS PAID TO D TAYLOR IN 2008

Transaction ID : **SA15.5452**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) PERRY BLACKMAN, CPA	<b>Transaction ID:</b> SB21B.5278 <b>Date of Disbursement</b>																				
Mailing Address 506 CORPORATE DRIVE WEST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
City LANGHORNE State PA Zip Code 19047	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ACCOUNTING FEES	<table border="1"> <tr> <td colspan="10">3262.50</td> </tr> </table>	3262.50																			
3262.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PERRY BLACKMAN, CPA	<b>Transaction ID:</b> SB21B.5283 <b>Date of Disbursement</b>																				
Mailing Address 506 CORPORATE DRIVE WEST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
City LANGHORNE State PA Zip Code 19047	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ACCOUNTING FEES	<table border="1"> <tr> <td colspan="10">812.50</td> </tr> </table>	812.50																			
812.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PERRY BLACKMAN, CPA	<b>Transaction ID:</b> SB21B.5261 <b>Date of Disbursement</b>																				
Mailing Address 506 CORPORATE DRIVE WEST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City LANGHORNE State PA Zip Code 19047	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ACCOUNTING FEES	<table border="1"> <tr> <td colspan="10">1206.25</td> </tr> </table>	1206.25																			
1206.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5281.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) PERRY BLACKMAN, CPA	<b>Transaction ID:</b> SB21B.5273 <b>Date of Disbursement</b>																				
Mailing Address 506 CORPORATE DRIVE WEST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	9		2	0	0	9												
City LANGHORNE State PA Zip Code 19047	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ACCOUNTING FEES	<table border="1"> <tr> <td colspan="10">1218.97</td> </tr> </table>	1218.97																			
1218.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PERRY BLACKMAN, CPA	<b>Transaction ID:</b> SB21B.5288 <b>Date of Disbursement</b>																				
Mailing Address 506 CORPORATE DRIVE WEST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	0	9												
City LANGHORNE State PA Zip Code 19047	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ACCOUNTING FEES	<table border="1"> <tr> <td colspan="10">1650.00</td> </tr> </table>	1650.00																			
1650.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PERRY BLACKMAN, CPA	<b>Transaction ID:</b> SB21B.5299 <b>Date of Disbursement</b>																				
Mailing Address 506 CORPORATE DRIVE WEST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City LANGHORNE State PA Zip Code 19047	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ACCOUNTING FEES	<table border="1"> <tr> <td colspan="10">2575.75</td> </tr> </table>	2575.75																			
2575.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5444.72

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.5300**

DID NOT CONTAIN EXPRESS ADVOCACY

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER GUEST	<b>Transaction ID:</b> SB21B.5262 <b>Date of Disbursement</b>																				
Mailing Address 3535 W. WESSEX LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
<table border="1"> <tr> <td>City PHILADELPHIA</td> <td>State PA</td> <td>Zip Code 19114</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAC COORDINATOR</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City PHILADELPHIA	State PA	Zip Code 19114	Purpose of Disbursement PAC COORDINATOR		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00											
City PHILADELPHIA	State PA	Zip Code 19114																			
Purpose of Disbursement PAC COORDINATOR		<input type="text"/> Category/ Type																			
Candidate Name																					
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER GUEST	<b>Transaction ID:</b> SB21B.5298 <b>Date of Disbursement</b>																				
Mailing Address 3535 W. WESSEX LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
<table border="1"> <tr> <td>City PHILADELPHIA</td> <td>State PA</td> <td>Zip Code 19114</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAC COORDINATOR</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City PHILADELPHIA	State PA	Zip Code 19114	Purpose of Disbursement PAC COORDINATOR		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00											
City PHILADELPHIA	State PA	Zip Code 19114																			
Purpose of Disbursement PAC COORDINATOR		<input type="text"/> Category/ Type																			
Candidate Name																					
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Hare Brothers Printing, Inc.	<b>Transaction ID:</b> SB21B.5455 <b>Date of Disbursement</b>																				
Mailing Address 629 S. 42ND STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
<table border="1"> <tr> <td>City PHILADELPHIA</td> <td>State PA</td> <td>Zip Code 19104</td> </tr> <tr> <td colspan="2">Purpose of Disbursement VOID CHECK-PREVIOUSLY REPORTED-NEVER CASHED</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City PHILADELPHIA	State PA	Zip Code 19104	Purpose of Disbursement VOID CHECK-PREVIOUSLY REPORTED-NEVER CASHED		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>-367.44</td> </tr> </table>	-367.44											
City PHILADELPHIA	State PA	Zip Code 19104																			
Purpose of Disbursement VOID CHECK-PREVIOUSLY REPORTED-NEVER CASHED		<input type="text"/> Category/ Type																			
Candidate Name																					
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

132.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) MARATHON GRILL	<b>Transaction ID:</b> SB21B.5421 <b>Date of Disbursement</b>																				
Mailing Address 1338 CHESTNUT STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19107	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEETING EXPENSE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>356.23</td> </tr> </table>																				356.23
									356.23												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARATHON GRILL	<b>Transaction ID:</b> SB21B.5422 <b>Date of Disbursement</b>																				
Mailing Address 1338 CHESTNUT STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19107	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEETING EXPENSE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>388.73</td> </tr> </table>																				388.73
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARATHON GRILL	<b>Transaction ID:</b> SB21B.5427 <b>Date of Disbursement</b>																				
Mailing Address 1338 CHESTNUT STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
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0	5		1	5		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19107	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEETING EXPENSE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1839.94</td> </tr> </table>																				1839.94
									1839.94												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2584.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) ANTHONY MOSS	<b>Transaction ID:</b> SB21B.5267 <b>Date of Disbursement</b>																				
Mailing Address 111 S CHESTER ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	9
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0	3		0	9		2	0	0	9												
City SWARTHMORE State PA Zip Code 19081	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC COORDINATOR	<table border="1"> <tr> <td colspan="10">375.00</td> </tr> </table>	375.00																			
375.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ANTHONY MOSS	<b>Transaction ID:</b> SB21B.5270 <b>Date of Disbursement</b>																				
Mailing Address 111 S CHESTER ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
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City SWARTHMORE State PA Zip Code 19081	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC COORDINATOR	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ANTHONY MOSS	<b>Transaction ID:</b> SB21B.5286 <b>Date of Disbursement</b>																				
Mailing Address 111 S CHESTER ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	9
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0	4		2	3		2	0	0	9												
City SWARTHMORE State PA Zip Code 19081	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC COORDINATOR	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**625.00**

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) Eric Oree	<b>Transaction ID:</b> SB21B.5269 <b>Date of Disbursement</b>																				
Mailing Address 4114 Dungan Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	9													
City Philadelphia State PA Zip Code 19124 Purpose of Disbursement PAC COORDINATOR Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Eric Oree	<b>Transaction ID:</b> SB21B.5274 <b>Date of Disbursement</b>																				
Mailing Address 4114 Dungan Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	9		2	0	9													
City Philadelphia State PA Zip Code 19124 Purpose of Disbursement REIMBURSE - TRAVEL EXPENSES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>133.90</td> </tr> </table>	133.90																			
133.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Eric Oree	<b>Transaction ID:</b> SB21B.5285 <b>Date of Disbursement</b>																				
Mailing Address 4114 Dungan Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	9													
City Philadelphia State PA Zip Code 19124 Purpose of Disbursement PAC COORDINATOR Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**383.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) Eric Oree Mailing Address 4114 Dungan Street	<b>Transaction ID:</b> SB21B.5302 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	4		2	0	0	9													
City Philadelphia State PA Zip Code 19124 Purpose of Disbursement PAC COORDINATOR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																				
125.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) Eric Oree Mailing Address 4114 Dungan Street City Philadelphia State PA Zip Code 19124 Purpose of Disbursement PAC COORDINATOR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5276 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>125.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	0	9	125.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	8		2	0	0	9													
125.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) PA AFL-CIO Mailing Address 22 SOUTH 22ND STREET City PHILADELPHIA State PA Zip Code 19103 Purpose of Disbursement CONFERENCE REGISTRATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5279 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>525.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9	525.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	7		2	0	0	9													
525.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....

**775.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) PA AFL-CIO	<b>Transaction ID:</b> SB21B.5282 <b>Date of Disbursement</b>																				
Mailing Address 22 SOUTH 22ND STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	9													
City PHILADELPHIA State PA Zip Code 19103 Purpose of Disbursement CONFERENCE REGISTRATION Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PA AFL-CIO	<b>Transaction ID:</b> SB21B.5296 <b>Date of Disbursement</b>																				
Mailing Address 22 SOUTH 22ND STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	9													
City PHILADELPHIA State PA Zip Code 19103 Purpose of Disbursement CONFERENCE REGISTRATION Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table>	600.00																			
600.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PAYCHEX	<b>Transaction ID:</b> SB21B.5426 <b>Date of Disbursement</b>																				
Mailing Address 1100 ADAMS AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	9													
City NORRISTOWN State PA Zip Code 19403 Purpose of Disbursement PAYROLL PROCESSING FEES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">39.00</td> </tr> </table>	39.00																			
39.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**789.00**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 58

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

A.

Full Name (Last, First, Middle Initial)

ROBERT POULSON

Mailing Address 6142 CHANCELOT STREET

City PHILADELPHIA State PA Zip Code 19139

Purpose of Disbursement  
CATERING EXPENSE - MEETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5268

Date of Disbursement

/   /

Amount of Each Disbursement this Period

535.00

B.

Full Name (Last, First, Middle Initial)

ROBERT POULSON

Mailing Address 6142 CHANCELOT STREET

City PHILADELPHIA State PA Zip Code 19139

Purpose of Disbursement  
CATERING EXPENSE - MEETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5272

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2027.65

C.

Full Name (Last, First, Middle Initial)

ROBERT POULSON

Mailing Address 6142 CHANCELOT STREET

City PHILADELPHIA State PA Zip Code 19139

Purpose of Disbursement  
CATERING EXPENSE - MEETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5297

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3210.00

SUBTOTAL of Disbursements This Page (optional) .....

5772.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) ROBERT POULSON	<b>Transaction ID:</b> SB21B.5303 <b>Date of Disbursement</b>																				
Mailing Address 6142 CHANCELOR STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19139	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CATERING EXPENSE - MEETING	<table border="1"> <tr> <td>642.00</td> </tr> </table>	642.00																			
642.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT POULSON	<b>Transaction ID:</b> SB21B.5277 <b>Date of Disbursement</b>																				
Mailing Address 6142 CHANCELOR STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19139	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CATERING EXPENSE - MEETING	<table border="1"> <tr> <td>1070.00</td> </tr> </table>	1070.00																			
1070.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SABR ENTERPRISES	<b>Transaction ID:</b> SB21B.5287 <b>Date of Disbursement</b>																				
Mailing Address 6244 CLEARVIEW STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19138	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINTING EXPENSE -'LDC PAC' T SHIRTS	<table border="1"> <tr> <td>8840.00</td> </tr> </table>	8840.00																			
8840.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10552.00

**TOTAL** This Period (last page this line number only) .....

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.5287**

DID NOT CONTAIN EXPRESS ADVOCACY



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) JANET SUBER	<b>Transaction ID:</b> SB21B.5259 <b>Date of Disbursement</b>																				
Mailing Address 408 WALNUT RIDGE EST.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	0		2	0	0	9												
<table border="1"> <tr> <td>City POTTSTOWN</td> <td>State PA</td> <td>Zip Code 19464</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAC COORDINATOR</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City POTTSTOWN	State PA	Zip Code 19464	Purpose of Disbursement PAC COORDINATOR		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>375.00</td> </tr> </table>	375.00											
City POTTSTOWN	State PA	Zip Code 19464																			
Purpose of Disbursement PAC COORDINATOR		<input type="text"/> Category/ Type																			
Candidate Name																					
375.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JANET SUBER	<b>Transaction ID:</b> SB21B.5265 <b>Date of Disbursement</b>																				
Mailing Address 408 WALNUT RIDGE EST.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
<table border="1"> <tr> <td>City POTTSTOWN</td> <td>State PA</td> <td>Zip Code 19464</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAC COORDINATOR</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City POTTSTOWN	State PA	Zip Code 19464	Purpose of Disbursement PAC COORDINATOR		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>750.00</td> </tr> </table>	750.00											
City POTTSTOWN	State PA	Zip Code 19464																			
Purpose of Disbursement PAC COORDINATOR		<input type="text"/> Category/ Type																			
Candidate Name																					
750.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Trigiani & Engle LLP	<b>Transaction ID:</b> SB21B.5284 <b>Date of Disbursement</b>																				
Mailing Address 123 S Broad St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	0	9												
<table border="1"> <tr> <td>City Philadelphia</td> <td>State PA</td> <td>Zip Code 19109</td> </tr> <tr> <td colspan="2">Purpose of Disbursement LEGAL FEES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Philadelphia	State PA	Zip Code 19109	Purpose of Disbursement LEGAL FEES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1700.00</td> </tr> </table>	1700.00											
City Philadelphia	State PA	Zip Code 19109																			
Purpose of Disbursement LEGAL FEES		<input type="text"/> Category/ Type																			
Candidate Name																					
1700.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2825.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) Trigiani & Engle LLP	<b>Transaction ID:</b> SB21B.5266 <b>Date of Disbursement</b>																				
Mailing Address 123 S Broad St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City Philadelphia State PA Zip Code 19109	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LEGAL FEES	<table border="1"> <tr> <td colspan="10">1600.00</td> </tr> </table>	1600.00																			
1600.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Trigiani & Engle LLP	<b>Transaction ID:</b> SB21B.5275 <b>Date of Disbursement</b>																				
Mailing Address 123 S Broad St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	9		2	0	0	9												
City Philadelphia State PA Zip Code 19109	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LEGAL FEES	<table border="1"> <tr> <td colspan="10">2420.00</td> </tr> </table>	2420.00																			
2420.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Trigiani & Engle LLP	<b>Transaction ID:</b> SB21B.5295 <b>Date of Disbursement</b>																				
Mailing Address 123 S Broad St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	0	9												
City Philadelphia State PA Zip Code 19109	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LEGAL FEES	<table border="1"> <tr> <td colspan="10">860.00</td> </tr> </table>	860.00																			
860.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4880.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) Trigiani & Engle LLP	<b>Transaction ID:</b> SB21B.5304 <b>Date of Disbursement</b>																				
Mailing Address 123 S Broad St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City Philadelphia State PA Zip Code 19109	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LEGAL FEES	<table border="1"> <tr> <td>1</td><td>0</td><td>2</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	0	2	0	0															
1	0	2	0	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) US Postal Service	<b>Transaction ID:</b> SB21B.5292 <b>Date of Disbursement</b>																				
Mailing Address 1299 N 7TH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19122	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POSTAGE EXPENSE	<table border="1"> <tr> <td>4</td><td>4</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	4	4	0	0	0															
4	4	0	0	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON	<b>Transaction ID:</b> SB21B.5280 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 8585	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19173	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE EXPENSE	<table border="1"> <tr> <td>2</td><td>7</td><td>3</td><td>2</td><td>7</td><td>3</td><td></td><td></td><td></td><td></td> </tr> </table>	2	7	3	2	7	3														
2	7	3	2	7	3																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4192.73**

**TOTAL** This Period (last page this line number only) .....

**74544.86**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

A.

Full Name (Last, First, Middle Initial)

MID-ATLANTIC LABORERS' POLITICAL LEAGUE

Mailing Address 12355 SUNRISE VALLEY DRIVE STE 240

City  
RESTON

State  
VA

Zip Code  
20191

Purpose of Disbursement  
TRANSFER OF FUNDS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.5306

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37500.00

SUBTOTAL of Disbursements This Page (optional) .....

37500.00

TOTAL This Period (last page this line number only) .....

37500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

A.

Full Name (Last, First, Middle Initial)

JOE SESTAK FOR CONGRESS

Mailing Address PO BOX 16

City  
MEDIA

State  
PA

Zip Code  
19063

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5447

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) ASPLEN FOR DA Mailing Address PO BOX 463	<b>Transaction ID:</b> SB29.5409 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div>
City DOYLESTOWN State PA Zip Code 18901 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) BERNARD FOR FREEHOLDER Mailing Address 7000 ATRIUM WAY City MT LAUREL State NJ Zip Code 08054 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5411 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Bucks County Democratic Committee Mailing Address 17 W. Court Street City Doylestown State PA Zip Code 18901 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5361 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>6000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) Candidate Curtis Jones Jr Mailing Address 747 N. 63rd St	<b>Transaction ID:</b> SB29.5393 <b>Date of Disbursement</b> <div> <div>02</div> <div>17</div> <div>2009</div> </div>
City Philadelphia State PA Zip Code 19151 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Candidate Curtis Jones Jr Mailing Address 747 N. 63rd St City Philadelphia State PA Zip Code 19151 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5324 <b>Date of Disbursement</b> <div> <div>02</div> <div>19</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR HUGHES Mailing Address PO BOX 13031 City PHILADELPHIA State PA Zip Code 19101 Purpose of Disbursement VOID CHECK - PREVIOUSLY REPORTED-NEVER CASHED Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5454 <b>Date of Disbursement</b> <div> <div>03</div> <div>31</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-5000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR NORRISTOWNS FUTURE	<b>Transaction ID:</b> SB29.5362 <b>Date of Disbursement</b>
Mailing Address 14 WEST MARSHALL STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 9</div> </div>
City NORRISTOWN State PA Zip Code 19401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens to Elect Dwight Evans	<b>Transaction ID:</b> SB29.5364 <b>Date of Disbursement</b>
Mailing Address PO Box 1097	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 9</div> </div>
City Philadelphia State PA Zip Code 19138	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>75000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COLONIAL AREA DEMOCRATIC COMMITTEE	<b>Transaction ID:</b> SB29.5326 <b>Date of Disbursement</b>
Mailing Address 16 DECHERT ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City CONSHOHOCKEN State PA Zip Code 19428	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>630.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

76130.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT ADAM BELOFF</b> Mailing Address 1500 JFK BLVD	<b>Transaction ID:</b> SB29.5358 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19102 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Committee to Elect Angeles Roca</b> Mailing Address 513 W Girard Avenue City Philadelphia State PA Zip Code 19123 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5349 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT CHARLES HAYDEN</b> Mailing Address PO BOX 40727 City PHILADELPHIA State PA Zip Code 19107 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5405 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**11000.00**

**TOTAL** This Period (last page this line number only) .....

	21b		22		23		24		25		26
	27		28a		28b		28c	x	29		30b

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Joseph C. Waters, Jr.	<b>Transaction ID:</b> SB29.5446 <b>Date of Disbursement</b>
Mailing Address 1518 Walnut St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 9</div> </div>
City Philadelphia State PA Zip Code 19102 Purpose of Disbursement CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>2500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JOYCE EUBANKS	<b>Transaction ID:</b> SB29.5330 <b>Date of Disbursement</b>
Mailing Address PO BOX 26489	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19141 Purpose of Disbursement CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JOYCE EUBANKS	<b>Transaction ID:</b> SB29.5413 <b>Date of Disbursement</b>
Mailing Address PO BOX 26489	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19141 Purpose of Disbursement CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**12500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT JUDGE JIMMY LYNN

Mailing Address PO BOX 3010

City  
BLUE BELL

State  
PA

Zip Code  
19422

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5366

Date of Disbursement

04 / 14 / 2009

Amount of Each Disbursement this Period

800.00

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT JUDGE JIMMY LYNN

Mailing Address PO BOX 3010

City  
BLUE BELL

State  
PA

Zip Code  
19422

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5399

Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT JUDGE PANELLA

Mailing Address 2925 WM PENN HIGHWAY  
SUITE 301

City  
EASTON

State  
PA

Zip Code  
18045

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5403

Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

7500.00

SUBTOTAL of Disbursements This Page (optional) .....

13300.00

TOTAL This Period (last page this line number only) .....

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT PAUL DRUCKER</b>	<b>Transaction ID:</b> SB29.5381 <b>Date of Disbursement</b>
Mailing Address 999 OLD EAGLE SCHOOL ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City WAYNE State PA Zip Code 19087	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT RICK TAYLOR</b>	<b>Transaction ID:</b> SB29.5416 <b>Date of Disbursement</b>
Mailing Address PO BOX 866	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div>
City AMBLER State PA Zip Code 19002	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT RONALD G WATERS</b>	<b>Transaction ID:</b> SB29.5347 <b>Date of Disbursement</b>
Mailing Address 108 S 61ST STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19139	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**7000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Sharon Williams Losier	<b>Transaction ID:</b> SB29.5414 <b>Date of Disbursement</b>
Mailing Address 1518 Walnut Street, Suite 870	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div>
City Philadelphia State PA Zip Code 19102	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>7500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) DAN MCCAFFERY FOR DISTRICT ATTORNEY	<b>Transaction ID:</b> SB29.5337 <b>Date of Disbursement</b>
Mailing Address PO BOX 51251	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19115	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>10000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DAN MCCAFFERY FOR DISTRICT ATTORNEY	<b>Transaction ID:</b> SB29.5420 <b>Date of Disbursement</b>
Mailing Address PO BOX 51251	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19115	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>10000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

27500.00

**TOTAL** This Period (last page this line number only) .....

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF DAN ANDERS

Mailing Address PO BOX 1105

City  
PHILADELPHIA

State  
PA

Zip Code  
19105

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5356

Date of Disbursement

04 / 14 / 2009

Amount of Each Disbursement this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF DAN ONORATO

Mailing Address PO BOX 23205

City  
PITTSBURGH

State  
PA

Zip Code  
15222

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5391

Date of Disbursement

02 / 16 / 2009

Amount of Each Disbursement this Period

75000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF DENISE MARSHALL

Mailing Address 1036 ROCK CREEK ROAD

City  
WYNCOTE

State  
PA

Zip Code  
19095

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5400

Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

80500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JIM MATTHEWS Mailing Address PO BOX 1623	<b>Transaction ID:</b> SB29.5383 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City NORRISTOWN State PA Zip Code 19404 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JIM ROEBUCK Mailing Address 435 S. 46TH STREET City PHILADELPHIA State PA Zip Code 19143 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5315 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE MCGINN Mailing Address 7314 LORETTO AVENUE City PHILADELPHIA State PA Zip Code 19111 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5339 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE MCGINN	<b>Transaction ID:</b> SB29.5456 <b>Date of Disbursement</b>
Mailing Address 7314 LORETTO AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19111	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement VOID CHECK-PREVIOUSLY REPORTED-NEVER CASHED	<div>-1500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Judge John Younge	<b>Transaction ID:</b> SB29.5325 <b>Date of Disbursement</b>
Mailing Address 1152 N 63rd Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 0 9</div> </div>
City Philadelphia State PA Zip Code 19151	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>30000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Judge John Younge	<b>Transaction ID:</b> SB29.5352 <b>Date of Disbursement</b>
Mailing Address 1152 N 63rd Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City Philadelphia State PA Zip Code 19151	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>30000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

58500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF MARIAN B TASCO

Mailing Address 7625 FORREST AVENUE

City  
PHILADELPHIA

State  
PA

Zip Code  
19150

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.5320

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF MARK LEVY

Mailing Address PO BOX 176

City  
NORRISTOWN

State  
PA

Zip Code  
19404

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.5365

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF RENEE AMOORE

Mailing Address 455 S GULPH ROAD

City  
KING OF PRUSSIA

State  
PA

Zip Code  
19406

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.5307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF ROXANNE COVINGTON

Mailing Address 2112 WALNUT STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19103

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5322

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Friends of Todd Eachus

Mailing Address PO Box 2174

City  
Hazelton

State  
PA

Zip Code  
18201

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5329

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF TOM HUCKER

Mailing Address 1010 HULL STREET

City  
BALTIMORE

State  
MD

Zip Code  
21230

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5457

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF TOM MCGARRIGLE	<b>Transaction ID:</b> SB29.5388 <b>Date of Disbursement</b>
Mailing Address 115 W STATE STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 9</div> </div>
City MEDIA State PA Zip Code 19063	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS TO ELECT DONNA WOELPPER	<b>Transaction ID:</b> SB29.5376 <b>Date of Disbursement</b>
Mailing Address 7029 VOIGT ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>2500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS TO RE-ELECT JUDGE KOON	<b>Transaction ID:</b> SB29.5335 <b>Date of Disbursement</b>
Mailing Address 1421 FRANCIS DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City COATESVILLE State PA Zip Code 19320	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>4000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) FRINDS OF VINCE GILLEN	<b>Transaction ID:</b> SB29.5310 <b>Date of Disbursement</b>
Mailing Address 666 W GERMANTOWN PIKE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div>
City PLYMOUTH MEETING State PA Zip Code 19462	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) JOE GALLOWAY FOR STATE REPRESENTATIVE	<b>Transaction ID:</b> SB29.5382 <b>Date of Disbursement</b>
Mailing Address 121 YARDLEY AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City FALLSINGTON State PA Zip Code 19054	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) KENNEY FOR COUNCIL	<b>Transaction ID:</b> SB29.5334 <b>Date of Disbursement</b>
Mailing Address PO BOX 60065	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19102	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) <b>LAZARUS FOR SUPERIOR COURT</b>	<b>Transaction ID:</b> SB29.5395
Mailing Address 1515 MARKET STREET	Date of Disbursement
City PHILADELPHIA State PA Zip Code 19102	<div> <div>MM / DD / YY</div> <div>05 / 01 / 2009</div> </div>
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period
Candidate Name	<div>10000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Make a Difference PAC</b>	<b>Transaction ID:</b> SB29.5313
Mailing Address PO Box 6313	Date of Disbursement
City Philadelphia State PA Zip Code 19136	<div> <div>MM / DD / YY</div> <div>02 / 17 / 2009</div> </div>
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period
Candidate Name	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Make a Difference PAC</b>	<b>Transaction ID:</b> SB29.5445
Mailing Address PO Box 6313	Date of Disbursement
City Philadelphia State PA Zip Code 19136	<div> <div>MM / DD / YY</div> <div>06 / 16 / 2009</div> </div>
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period
Candidate Name	<div>10000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**20500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) MEEHAN FOR PENNSYLVANIA Mailing Address PO BOX 2029	<b>Transaction ID:</b> SB29.5340 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City MEDIA State PA Zip Code 19063 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MONTGOMERY COUNTY DEMOCRATIC COMMITTEE Mailing Address 14 WEST MARSHALL STREET City NORRISTOWN State PA Zip Code 19401 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.5384 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1500.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MONTGOMERY COUNTY DEMOCRATIC COMMITTEE Mailing Address 14 WEST MARSHALL STREET City NORRISTOWN State PA Zip Code 19401 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.5370 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) Newtown Township Republican Party Mailing Address 309 Earles Lane	<b>Transaction ID:</b> SB29.5415 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div>
City State Zip Code Newtown Square PA 19073 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) NORTH PENN AREA DEMOCRATS Mailing Address 1611 CLEARBROOK ROAD City State Zip Code LANSDALE PA 19446 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.5312 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) PAC 1742 Mailing Address 8012 CASTOR AVENUE City State Zip Code PHILADELPHIA PA 19149 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.5314 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

05 / 07 / 2009

State:  District:

MM / DD / YYYY

State:  District:

MM / DD / YYYY

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

A.

Full Name (Last, First, Middle Initial)

Progressive Agenda PAC

Mailing Address 2048 ROWAN STREET

City Philadelphia State PA Zip Code 19140

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5373

Date of Disbursement

04 / 14 / 2009

Amount of Each Disbursement this Period

70000.00

B.

Full Name (Last, First, Middle Initial)

Progressive Agenda PAC

Mailing Address 2048 ROWAN STREET

City Philadelphia State PA Zip Code 19140

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5394

Date of Disbursement

04 / 22 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

RAFFERTY FOR SENATE

Mailing Address PO BOX 436

City WORCESTER State PA Zip Code 19490

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5345

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

75300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<p><b>A.</b> Full Name (Last, First, Middle Initial) REGULAR REPUBLICAN CAMPAIGN OF CHESTER</p> <p>Mailing Address 511 WELSH STREET 1ST FLOOR</p> <p>City CHESTER State PA Zip Code 19013</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5380</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) REPUBLICAN CITY COMMITTEE</p> <p>Mailing Address 1700 BENJAMIN FRANKLIN PARKWAY</p> <p>City PHILADELPHIA State PA Zip Code 19103</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5385</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) REPUBLICAN COMMITTEE OF CHESTER</p> <p>Mailing Address 15 SOUTH CHURCH STREET</p> <p>City WEST CHESTER State PA Zip Code 19382</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5309</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**18000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

<b>A.</b> Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF PA Mailing Address PO BOX 11906	<b>Transaction ID:</b> SB29.5386 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City HARRISBURG State PA Zip Code 17108 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SETH WILLIAMS FOR DISTRICT ATTORNEY Mailing Address 1500 SANSOM STREET 4TH FLOOR City PHILADELPHIA State PA Zip Code 19102 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5442 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10600.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) SHARON HILL DEMOCRATIC COMMITTEE Mailing Address 250 SHARON AVENUE City SHARON HILL State PA Zip Code 19079 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.5375 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**12100.00**

**TOTAL** This Period (last page this line number only) .....

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

**A.**

Full Name (Last, First, Middle Initial)

THE DEMOCRATIC CAMPAIGN COMMITTEE OF PHILADELPHIA

Mailing Address 1421 WALNUT STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19102

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.5363

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

WEST PHILADELPHIA DEMOCRATIC CLUB

Mailing Address 5526 MARKET STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19139

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.5343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

WEST PHILADELPHIA DEMOCRATIC CLUB

Mailing Address 5526 MARKET STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19139

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.5419

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**21500.00**

**TOTAL** This Period (last page this line number only) .....



<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C

**A.**

Full Name (Last, First, Middle Initial)

WORKING FAMILIES PAC

Mailing Address 6521 N. BROAD ST  
2ND FLOOR

City PHILADELPHIA State PA Zip Code 19126

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5404

Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

WORKING FAMILIES PAC

Mailing Address 6521 N. BROAD ST  
2ND FLOOR

City PHILADELPHIA State PA Zip Code 19126

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5444

Date of Disbursement

06 / 16 / 2009

Amount of Each Disbursement this Period

10000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

14000.00

**TOTAL** This Period (last page this line number only) .....

578830.00